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FIVE YEAR SURVIVAL AFTER PERCUTANEOUS CORONARY INTERVENTION WITH DRUG ELUTING STENTS AND BARE METAL STENTS IN PATIENTS WITH ACUTE MYOCARDIAL INFARCTION. A NEW JERSEY STATEWIDE DATABASE STUDY

i2 Oral Contributions

Ernest N. Morial Convention Center, Room 353

Sunday, April 03, 2011, 8:50 a.m.-9:15 a.m.

Session Title: DES I

Abstract Category: 16. PCI - DES (clinical/outcomes)

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Background: In the setting of acute myocardial infarction (AMI) the use of drug eluting stents (DES) versus bare metal stents (BMS) is controversial.

Methods: We used the Myocardial Infarction Data Acquisition System (MIDAS), a New Jersey statewide database, to examine the mortality of 11,972 patients (pts) who were admitted with an index (first) AMI (46.67% STEMI, 53.33% NSTEMI) treated with a single stent, either BMS (n=5825) or DES (n=6147) from 2003 to 2004, followed through 2007 (median follow-up 1600 days).

Results: In patients with STEMI 39% received DES; in patients with NSTEMI 56% received DES. The total mortality as well as the cardiovascular death were significantly lower (11.75% vs. 16.24%; $p<0.0001$), and (6.% vs. 9.39%; $p<0.0001$) respectively among patients who received DES compared to BMS. After adjusting for age, sex, race, diabetes, hypertension, renal disease, anemia, cancer, cerebrovascular disease and left ventricular dysfunction the benefit associated with DES persisted; adjusted Cox hazard ratios for total mortality and CVD mortality, 0.72 (95% CI 0.66 to 0.80; $p<0.0001$) and 0.67 (95% CI 0.59 to 0.77; $p<0.0001$) respectively.

Conclusions: In this population based observational study, patients with AMI who received DES had significantly lower 5 year mortality than those who received BMS.